

Department of the Treasury  
Internal Revenue Service

## Part I General Information

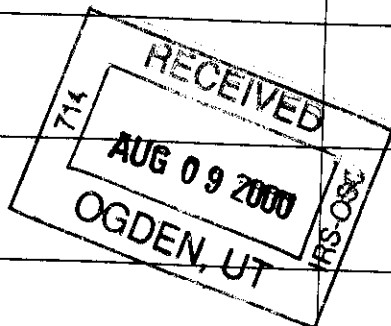
- |   |   |  |
|---|---|--|
| 1 Name of organization<br><b>BILL ANDREWS CAMPAIGN</b>  |   | Employer identification number<br><b>APPLIED FOR 1/28/00</b> |
| 2 Mailing address (P.O. Box or number, street, and room or suite number)<br><b>217 NE 4TH ST</b>  |   | <b>VIA FAX TO IRS</b>  |
| City or town, state, and ZIP code<br><b>DELRAY BEACH FL 33444</b>   |   | <b>05-1028386</b>  |
| 3 E-mail address of organization<br><b>NONE</b>   |   |  |
| 4a Name of custodian of records<br><b>ROB. SEITZ</b>  | 4b Custodian's address<br><b>217 NE 4TH ST</b><br><b>DELRAY BCH FL 33444</b>      |  |
| 5a Name of contact person<br><b>BILL ANDREWS</b>  | 5b Contact person's address<br><b>217 NE 4TH ST</b><br><b>DELRAY BCH FL 33444</b> |  |
| 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number<br><b>SAME AS #2 ABOVE</b> |   |  |
| City or town, state, and ZIP code   |   |  |

Part II	Purpose
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- 7 Describe the purpose of the organization  
CAMPAIGN RE-ELECTION HOUSE DIST 87 STATE  
OF FLORIDA

**Part III List of All Related Entities (see instructions)**

- | 8a Name of related entity | 8b Relationship | 8c Address |
|---------------------------|-----------------|------------|
| NONE                      |                 |            |
- 



**9a** Name

**9b** Title

**9c** Address

**Sign  
Here**

Signature of authorized official

Date \_\_\_\_\_





# Florida House of Representatives

William F. Andrews

Representative, 87th District

Reply to:

- ☐ 777 E. Atlantic Avenue, Suite 226  
Delray Beach, FL 33483  
(561)279-1616
- ☐ 402 S. Monroe Street  
1302 The Capitol  
Tallahassee, FL 32399  
(850)488-2234

Committees:

Transportation & Economic  
Development Appropriations  
Rules and Calendar  
Regulated Services, Vice Chair  
Community Affairs  
Corrections

## FAX TRANSMITTAL

(561)279-1618

TO: Internal Revenue Service Center, Ogden UT 84201

FROM: Rep. W. Andrews Dist #87

DATE: 7-28-00 3 TOTAL PAGES

SUBJECT: Employer ID Number Request

MESSAGE: \_\_\_\_\_

\_\_\_\_\_

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**IF THERE IS A PROBLEM WITH THIS TRANSMISSION, PLEASE CALL  
(561)279-1616.**

July 28, 2000

To: IRS

Re: Employer Identification Number Request

By: Bill Andrews Campaign  
217 N. E. 4<sup>th</sup> St.  
Delray Beach, Fl. 33444

Second page fax is **Form SS-4**

Please fax back our number to 561-276-0325

Problems with form or transmission ? Call 561-715-5500 Cell or 561-279-1616

Thank you,

William "Bill" Andrews  
State Representative, Dist. 87 Palm Beach County, Fl.